

AFFIDAVIT: Children in Informal Kinship Care



Department of Reporting and Regulatory Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 334-17
April 2007

Applies to a child who was already a resident of the State of Maryland **AND** resided outside Montgomery County prior to going into informal kinship care.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

_____ (Name of child), whose date of birth is ____/____/____, is living with me because of the following serious family hardship.

Check (✓) all that apply and attach appropriate supporting documentation:

- | | |
|--|---|
| <input type="checkbox"/> Death of father/mother/legal guardian:
copy of death certificate or other proof | <input type="checkbox"/> Serious illness of father/mother/legal guardian:
copy of doctor's report, note, or other proof |
| <input type="checkbox"/> Drug addiction of father/mother/legal guardian:
documentation from treatment provider or other proof | <input type="checkbox"/> Incarceration of father/mother/legal guardian:
documentation from legal system, detention center, or other proof |
| <input type="checkbox"/> Abandonment by father/mother/legal guardian:
notarized statements from all legal guardians, documentation from court, social services, etc. | <input type="checkbox"/> Assignment of father/mother/legal guardian to active military duty:
copy of military orders or other proof |

The name and last known address of the child's parent(s) or legal guardian is:

Name _____

Address _____
Street City State Zip

My relationship to the child is _____

My address/phone are:

_____ - _____
Street City State Zip Telephone

I assumed informal kinship care of this child 24 hours a day and 7 days a week on ____/____/____.

The name and address of the last school that the child attended is:

Name of School _____

Address _____
Street City County State Zip

Montgomery County Public Schools Affidavit Children in Informal Kinship Care

I understand that the local superintendent of schools may verify the facts contained in the foregoing affidavit and conduct an audit, on a case-by-case basis, after the child has been enrolled in the local public school system. If the local superintendent discovers fraud or misrepresentation, the child shall be removed from the rolls of the local public school system.

I understand that a current affidavit and supporting documentation must be filed annually at least two weeks prior to the start of the school year.

I understand that if a change occurs in the care or in the serious family hardship of the child, I am required to notify the local school system in writing within 30 days after the change occurs.

I also understand that any person who willfully makes a material misrepresentation in the affidavit shall be subject to a penalty payable to the county/city for three times the pro rata share of tuition for the time the child fraudulently attended a public school in the county/city.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief.

_____ / _____ / _____
Printed name of relative assuming informal kinship care Signature of relative assuming informal kinship care Date